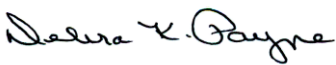
	<b>POLICIES AND PROCEDURES</b>  <b>State of Tennessee</b> <b>Department of Intellectual and Developmental Disabilities</b>	<b>Policy #: 80.3.2</b>	<b>Page 1 of 2</b>
<b>Policy Type: Community/Waiver</b>		<b>Effective Date: August 3, 2012</b>	
<b>Approved by:</b>   <b>Commissioner</b>		<b>Supersedes: P-016</b>  <b>Last Review or Revision: July 27, 2012</b>	
<b>Subject: Level of Care Reevaluations</b>			

- I. **AUTHORITY:** Tennessee Code Annotated Section 4-3-2708 and Medicaid Home and Community Based Services Waiver.
- II. **PURPOSE:** This policy outlines the process for performing annual level of care reevaluations to ensure consistent application of the Medicaid level of care criteria for continuation of services through a Home and Community Based Services (HCBS) waiver.
- III. **APPLICABILITY:** This policy applies to those individuals (e.g., qualified intellectual disabilities professionals, registered nurses, or physicians) responsible for performing annual level of care reevaluations for continuation of services through an HCBS waiver.
- IV. **DEFINITIONS:**
  - A. **Home and Community Based Services (HCBS) Waiver or Waiver** shall mean a waiver approved for Tennessee by the Centers for Medicare and Medicaid Services to provide services to a specified number of Medicaid eligible individuals who have an intellectual disability and who meet criteria for Medicaid criteria of reimbursement in an Intermediate Care Facility for People with Intellectual Disabilities. The HCBS waivers for people with Intellectual Disabilities in Tennessee are operated by the Department of Intellectual Disabilities with oversight from TennCare, the state Medicaid agency.
  - B. **Pre-Admission Evaluation (PAE)** shall mean the Medicaid data collection form used to document that the person-supported meets the initial level of care criteria for reimbursement of services through an HCBS waiver, an ICF/ID, or a nursing facility.
  - C. **Qualified Intellectual Disabilities Professional (QIDP)** shall mean a Qualified Intellectual Disabilities Professional as defined in 42 CFR 483.430.
- V. **POLICY:** This policy describes the process for re-evaluation of level of care for ongoing HCBS waiver services.
- VI. **PROCEDURES:**
  - A. In order for a person-supported to continue to receive services through an HCBS waiver program, a reevaluation must be performed annually to ensure that the person-supported continues to need the level of care being provided.

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<b>Subject: LEVEL OF CARE REEVALUATIONS</b>		

1. The reevaluation shall be performed by one of the following individuals:
    - a. Qualified Intellectual Disabilities Professional
    - b. Registered nurse
    - c. Physician
  2. The reevaluation shall determine whether the person continues to meet all of the four Medicaid level of care criteria:
    - a. The person-supported needs the level of care being provided and would, but for the provision of waiver services, otherwise be institutionalized in an ICF/ID.
    - b. The person-supported requires services to enhance functional ability or to prevent or delay the deterioration or loss of functional ability.
    - c. The person-supported has a significant deficit or impairment in adaptive functioning involving communication, comprehension, behavior or activities of daily living (i.e., toileting, bathing, eating, dressing/grooming, transfer, or mobility).
    - d. The person-supported requires a program of specialized supports and services provided under the supervision of a Qualified Intellectual Disabilities Professional.
  3. The annual level of care evaluation shall be performed in accordance with the guidelines listed in Appendix A. Guidelines for Performing Level of Care Reevaluations.
- B. If the person-supported is determined not to meet one or more of the level of care criteria for continuation of services through an HCBS waiver, the person performing the reevaluation shall notify the DIDD Regional Director or designee promptly so that appropriate action can be taken.

**VII. ATTACHMENTS:**

- A. Appendix 1: Guidelines for Performing Level of Care Reevaluations
- B. Appendix 2: Annual Reevaluation of Level of Care Form

**VIII. TENNCARE APPROVAL: December 5, 2008**